3pg ABSTRACT OF Dr. David Martin speech "the great setup"

why on earth we actually have declared war on humanity. Ralph Barrick filed the patent on an infectious replication defective clone of coronavirus in 2002. it actually wasn't a virus. It was something that was designed using a viral model, but it was specifically to be using a viral model as a technology. SARS or SARS CoV actually doesn't exist in nature at all. This was something that was developed and engineered to be a mechanism of taking something that historically has been a pathogen that targets the gastrointestinal system.

0:05:11 It targets like a lung condition, like a cold or a cough, or a flulike symptom. But now, all of a sudden, you have this guy who's having it target heart tissue, target other tissues, and you sit there going, why would you do that? Why would you take something that maybe makes you have diarrhea or makes you have sniffles, and then have it target the heart?

SARS CoV two, as it is the derivative, obviously, of what we call SARS CoV one, neither one of those things is a naturally occurring phenomenon. These things are engineered technologies using some of the information encoded in what we call a coronavirus. in the spring of 2019, Moderna filed four patent applications which had been previously rejected. And in those patent applications, they made reference to an accidental or intentional release of a respiratory pathogen. This was in April of 2019. why would a company that has never made a commercial product, ever, why would a company that has never had any expertise in respiratory pathogens amend patent filings that had been rejected to include the language, accidental or intentional release of a respiratory pathogen if somebody wasn't preparing to release a respiratory pathogen?

The thing that was killing people was a weapon that was being distributed. It was not a transmissible thing.SARS 2.0 which is infectious, but replication defective, the thing that was in the patent. And why is replication defective important? It turns out for a virus to achieve what the viral model dictates, it has to go into the cell, it has to replicate, and then it has to be transmitted. But if you take out its replication capability, you know what? It's not a virus.

It's a weapon. in September 18 of 2019, the accidental or intentional release of a lethal respiratory pathogen. Release is a really dangerous word in that sentence. That's not, oops, it leaked. Release is actually a term that implies intention and it implies distribution.

Event 201 video. The script in that video is the same thing as the script in December, right? Suddenly there's an outbreak of a thing, and it's coming from China, and it's a respiratory virus, and it happens to be coronavirus, and you're going to have to get n 95 masks, and you're going to have to do social distancing, and we're going to have to go after misinformation and disinformation. All of that is in the October 2019 desktop exercise. And lo and behold, they recite the exact same script in 2020. If you go back and you ask the question, did we always know there was going to be a vaccine? The answer is absolutely yes. When you already say the vaccine has to win, you're not going to consider a treatment, you're not going to consider any

other protocol. It has to be a vaccine. Then what you have to do is violate the antitrust laws of the United States and the competitiveness laws of Europe.

Because what you have to do is you have to suppress all alternatives. Because under the 2005 Prep act, the only way to get an emergency use authorization of a medical countermeasure is to prove that there are no meaningful alternatives. But here's where they screwed up. In 2016 and 2017, the CDC and the FDA collaborated on a standard document for what a vaccine clinical trial was supposed to do. And this was actually a very traditional definition of vaccine. in the spring of 2020, we did two things. One is we changed the goalposts. We said a vaccine had nothing to do with transmission or infection. It had to do with, allegedly, the reduction of hospitalization or the severity of disease after the second injection. That already violates everything about what a vaccine clinical trial was based on their own published rules. Their published rules. And you start going, okay, hold on a minute. So we changed what the definition of a vaccine was. We mislabeled it. This, by the way, is a clear and compelling federal Trade commission deceptive medical practices case, because you should actually hold the entirety of the system liable for lying to the public about even what the thing is. Up until April of 2020, both at BioNTech and at Moderna, it said that mrna injections were, and I'm quoting from their financial statements, experimental gene therapies classified as such by the FDA.

That's where they were classified. if you actually told the public, hey guys, we'd like you to take an experimental gene therapy, you know what would happen? Everybody would say hell no. if you actually say, well, we're going to call it a vaccine, which by the way, never ever has there been a change in the legal definition of what a vaccine is. So we change allegedly what we mean when we say vaccination to mean it might help you not be as sick, which, by the way, there was no basis for that assumption. We have no evidence of it. And then you go back and you say, well, in the clinical trial, we also are not going to say that you actually are immunized until 14 days after the second injection, which is really interesting.

all of the cases of COVID in 2020 are people in the clinical trials, but they weren't immunized until after the second injection. So they were considered unvaccinated when they had adverse events like death, like anaphylaxis, like all the things you expect inside of the post 14 day injection period of time. Well, that's because in 2018, the definition, clearly, of the adverse event following immunization, which is an officially, legally defined term, that term was changed to mean the only thing that can be counted as an adverse event. They changed the definition of an adverse event to be only a thing that the literature had already shown as potentially caused by the injection.

in 2018, we changed the definition of adverse event following immunization, and we change it so the only thing that can be counted is a thing that's already published in the literature as a potential adverse event, and then we use an agent that has never been used. What did we just do? We created an environment in which the manufacturers could lie, telling the legal truth. I published a thing called the Fauci dossier in that I had

thousands of patents which proved that all of this was actually premeditated. All of this was architected. All of this was engineered. When you suddenly throw in the words accidental or intentional release of respiratory pathogen, that's kind of one of those things where you, what? Like, they're saying that they're going to release a respiratory pathogen. That's what they're saying in the patent application.

When people say they're going to release a lethal respiratory pathogen in published material in September 18, 2019. on the novelty of SARS Cov two, my company, MCAM, published a report on all of the patents that were the things that were declared novel in SARS Cov two, going back to the early two thousand s. And under patent law, there are two criteria for what we call novelty. Novelty is supposed to be an inventive step, something that somebody couldn't have anticipated, couldn't have conceived of based on the prior information that was out there, and then non obviousness, which means that you're supposed to not be able to put that thing together with something else. in October of 2020, the Congress asked NIH to go through the entirety of its patent holdings and declare to the public whether it had a financial incentive anywhere in this entire injection scheme.

this fight about who was going to win the horse race to get to the vaccine was happening a year, two years before the pandemic. We knew that Moderna and BioNTech were the inside runners. We knew they were going to get the contracts from what ultimately became Operation Warp Speed. the central problem is a colluding set of conspirators in both public sector and in industry, new by 2015. And Peter Dashik, by the way, said it outright, we are going to get the public to understand the need for a medical countermeasure, such as a pan coronavirus vaccine. We need the media to create hype. We need to use that hype to our advantage to get to the real issues.Investors will respond if they see profit at the end of the process. The media hype was a programmed hype. And during the entirety of COVID what did we have? destruction of the public confidence narrative, which allowed everybody to jump on a bandwagon so that nobody talked about the real crime.

the real crime was something which in 2005, unambiguously stated that the synthetic coronavirus was going to be, and I quote, a biological warfare enabling technology.ence. The evidence is unambiguous. Zeb Zelenko protocol came from the published work of Ralph Barrick, who was the guy who realized that zinc, ionophores and the use of zinc and vitamin D and something like hydroxychloroquine or ivomectin, which actually open up the zinc pathways into the cell. 5 Ralph Barrick published that paper. The guy who made the weapon published the countermeasure in the early 20 teens. Wouldn't it be logical for the guy who made the weapon to actually have a countermeasure on the off chance that he got the weapon that he was making? This is not a giant surprise. In fact, not at all. When Zeb Zelenko went to treat Donald Trump, he wasn't pulling a rabbit out of his hat going, I think this might work. He was actually using the data that came from the guy that made the bomb. his work saved thousands of people's lives. Somebody's suppressing real treatment optionst so that they can justify an emergency medical countermeasure that can only be authorized if there are no treatment options.